ALL ABOUT LIFE REHABILITATION CENTER

115 EAST ARNDT STREET

FOND DU LAC 54935 Phone: (920) 923-7040)	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/02):	131	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	131	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	110	Average Daily Census:	116
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	90	Age Groups	%		49.1 39.1
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	8.2	•	11.8
Day Services	Yes	<u>-</u>		65 - 74	14.5		
Respite Care	Yes			75 - 84	31.8	İ	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	8.2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.9			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	9.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	12.7	65 & Over	91.8		
Transportation	No	Cerebrovascular	10.9			RNs	8.1
Referral Service	No	Diabetes	1.8	Sex	용	LPNs	10.5
Other Services	No	Respiratory	10.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	47.3	Male	30.0	Aides, & Orderlies	49.1
Mentally Ill	No			Female	70.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	<u> </u>	:	Family Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.5	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	19	100.0	288	63	95.5	112	0	0.0	0	15	93.8	144	0	0.0	0	3	100.0	344	100	90.9
Intermediate				2	3.0	94	0	0.0	0	1	6.3	143	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	6	100.0	94	0	0.0	0	6	5.5
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		66	100.0		0	0.0		16	100.0		6	100.0		3	100.0		110	100.0

ALL ABOUT LIFE REHABILITATION CENTER

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condita	ions, Services	, and Activities as of 12,	/31/02
Deaths During Reporting Period							
	1			9	% Needing		Total
Percent Admissions from:	Į	Activities of	90	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	16.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	9.1		68.2	22.7	110
Other Nursing Homes	0.0	Dressing	11.8		63.6	24.5	110
Acute Care Hospitals	83.0	Transferring	18.2		55.5	26.4	110
Psych. HospMR/DD Facilities	0.0		17.3		56.4	26.4	110
Rehabilitation Hospitals	0.0	Eating	70.0		14.5	15.5	110
Other Locations	0.9	* * * * * * * * * * * * * * * * * * * *	*****	****	****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	223	Continence		%	Special Treat	tments	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	6.4	Receiving 1	Respiratory Care	14.5
Private Home/No Home Health	42.9	Occ/Freq. Incontinent	t of Bladder	52.7	Receiving '	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	35.5	Receiving :	Suctioning	0.9
Other Nursing Homes	7.8				Receiving (Ostomy Care	1.8
Acute Care Hospitals	8.7	Mobility			Receiving '	Tube Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1.8	Receiving D	Mechanically Altered Diets	3 21.8
Rehabilitation Hospitals	0.0						
Other Locations	11.4	Skin Care			Other Reside	nt Characteristics	
Deaths	29.2	With Pressure Sores		6.4	Have Advanc	ce Directives	79.1
Total Number of Discharges	1	With Rashes		2.7	Medications		
(Including Deaths)	219				Receiving 1	Psychoactive Drugs	55.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:		_		
	This	Pro	prietary	100	-199	Ski.	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	90	%	Ratio	olo	Ratio	8	Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	88.2	85.1	1.04	85.5	1.03	86.7	1.02	85.1	1.04		
Current Residents from In-County	88.2	75.4	1.17	78.5	1.12	69.3	1.27	76.6	1.15		
Admissions from In-County, Still Residing	22.0	20.1	1.09	24.7	0.89	22.5	0.98	20.3	1.08		
Admissions/Average Daily Census	192.2	138.3	1.39	114.6	1.68	102.9	1.87	133.4	1.44		
Discharges/Average Daily Census	188.8	139.7	1.35	114.9	1.64	105.2	1.79	135.3	1.40		
Discharges To Private Residence/Average Daily Census	81.0	57.6	1.41	47.9	1.69	40.9	1.98	56.6	1.43		
Residents Receiving Skilled Care	91.8	94.3	0.97	94.9	0.97	91.6	1.00	86.3	1.06		
Residents Aged 65 and Older	91.8	95.0	0.97	94.1	0.98	93.6	0.98	87.7	1.05		
Title 19 (Medicaid) Funded Residents	60.0	64.9	0.92	66.1	0.91	69.0	0.87	67.5	0.89		
Private Pay Funded Residents	14.5	20.4	0.71	21.5	0.68	21.2	0.69	21.0	0.69		
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	4.5	30.3	0.15	36.8	0.12	37.8	0.12	33.3	0.14		
General Medical Service Residents	47.3	23.6	2.01	22.8	2.07	22.3	2.12	20.5	2.31		
Impaired ADL (Mean)	49.1	48.6	1.01	49.1	1.00	47.5	1.03	49.3	1.00		
Psychological Problems	55.5	55.2	1.00	53.4	1.04	56.9	0.97	54.0	1.03		
Nursing Care Required (Mean)	6.3	6.6	0.94	6.8	0.91	6.8	0.92	7.2	0.87		